

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: _____



Prison Health Services, Inc.
c/o Medical Director
Staton Correctional Facility
P.O. Box 56
Elmore, AL 36025-0056

06CV573

2. Article Number

(Transfer from service label)

7004 1160 0003 5811 2236

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Angela Thorne

☐ Agent☐ Addressee

B. Received by (Printed Name)

Angela Thorne

C. Date of Delivery

6/30/06

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes